

06-01-00

A

PATENT APPLICATION TRANSMITTAL LETTER

(Small Entity)

Docket No.
NERE-2842

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

Dr. Arnold P. Nerenberg et al.

For: DEATH VISUALIZATION THERAPY

Enclosed are:

- ☒ Certificate of Mailing with Express Mail Mailing Label No. EL387623438US
- ☒ 2 sheets of drawings.
- ☐ A certified copy of a application.
- ☒ Declaration ☒ Signed. ☐ Unsigned.
- ☒ Power of Attorney
- ☒ Information Disclosure Statement
- ☐ Preliminary Amendment
- ☒ 2 Verified Statement(s) to Establish Small Entity Status Under 37 C.F.R. 1.9 and 1.27.
- ☒ Other: Assignment and Assignment Cover Sheet

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	34	- 20 =	14	x \$9.00	\$126.00
Indep. Claims	4	- 3 =	1	x \$39.00	\$39.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$345.00
TOTAL FILING FEE					\$510.00

- ☒ A check in the amount of \$510.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-0513 as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated:

5/31/00

Jack P. Friedman
Signature

Jack P. Friedman
Reg. No. 44,688
Schmeiser, Olsen & Watts
3 Lear Jet Lane, Suite 201
Latham, NY 12110
(518) 220-1850

Th PTO did not receive th following
listed item(s) \$510. but we
receive \$550.

cc:

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR**

Docket No.
NERE-2842

Serial No.

Filing Date

Patent No.

Issue Date

Applicant/ **Dr. Arnold P. Nerenberg et al.**
Patentee:

Invention: **DEATH VISUALIZATION THERAPY**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

- ☒ the specification to be filed herewith.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern or organization exists.
☐ Each such person, concern or organization is listed below.

***NOTE:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

FULL NAME

ADDRESS

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Individual

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Small Business Concern

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Nonprofit Organization

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Nonprofit Organization

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Small Business Concern

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Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

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Small Business Concern

☐

Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:

Dr. Arnold P. Nerenberg, Director

TITLE OF PERSON SIGNING

OTHER THAN OWNER:

7080 Canyon Crest

ADDRESS OF PERSON SIGNING:

Whittier, CA 90602

SIGNATURE:

Dr. Arnold P. Nerenberg

DATE:

5/1/07

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN**

Docket No.
NERE-2842

Serial No.

Filing Date

Patent No.

Issue Date

Applicant/ **Dr. Arnold P. Nerenberg et al.**
Patentee:

Invention: **DEATH VISUALIZATION THERAPY**

I hereby declare that I am:

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Mental Health Services, Inc.ADDRESS OF CONCERN: 7238 South Painter Avenue, Whittier, CA 90602

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in:

- ☒ the specification filed herewith with title as listed above.
- ☐ the application identified above.
- ☐ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Dr. Arnold P. Nerenberg et al.**

Docket No.

NERE-2842

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **DEATH VISUALIZATION THERAPY**I hereby certify that this **Patent application and corresponding paperwork***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

5/31/00
*(Date)***Kim Dwileski***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EL387623438US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**